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TO: Examiner Duc Chi Ho
U. S. Patent & Trademark Office
Group Art Unit 2665

FROM: Carole A. Quinn, Reg. No. 39,000

RE: U.S. Application No. 09/843,911
Atty. Docket No. 00862-021991

FAX NO.: (703) 872-9306

DATE: March 29, 2005

NO. OF PAGES: 23
(including cover page)

TIME: 4:00 P.M.

SENT BY: LS

MESSAGE**Attachments:**

- 1) Response to Restriction Requirement and Amendment Transmittal
- 2) Response to Restriction Requirement and Amendment

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In re Application of:

KOJI FUKUNAGA, et al.

Application No.: 09/843,911

Filed: April 30, 2001

For: INFORMATION COMMUNICATION SYSTEM,
INFORMATION COMMUNICATION METHOD,
INFORMATION SIGNAL PROCESSING DEVICE
AND INFORMATION SIGNAL PROCESSING
METHOD, AND STORAGE MEDIUM

Docket No. 00862.021991.

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Examiner: Duc Chi Ho

MAR 29 2005

Group Art Unit: 2665

Date: March 29, 2005

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
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Sir:

Transmitted herewith is a Response to Restriction Requirement and Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 48	MINUS	** 48	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	* 16	MINUS	*** 16	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180*/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Carole A. Quinn
Attorney for Applicants
Registration No.: 39,000

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